

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018240	FILING DATE				
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			51					
2	1		1			52					
3		1	1			53					
4	3		1			54					
5	1		1			55					
6	0		1			56					
7	0		1			57					
8	0		1			58					
9	0		1			59					
10	0		1			60					
11	0		1			61					
12	0		1			62					
13			1			63					
14			1			64					
15			1			65					
16			1			66					
17			1			67					
18			1			68					
19			1			69					
20			1			70					
21			1			71					
22			1			72					
23			1			73					
24			1			74					
25			1			75					
26			1			76					
27			1			77					
28			1			78					
29			1			79					
30			1			80					
31			1			81					
32			1			82					
33			1			83					
34			1			84					
35			1			85					
36			1			86					
37			1			87					
38			1			88					
39			1			89					
40			1			90					
41			1			91					
42			1			92					
43			1			93					
44			1			94					
45			1			95					
46			1			96					
47			1			97					
48			1			98					
49			1			99					
50			1			100					
TOTAL ID.			2			TOTAL IND.					
TOTAL DEP.			18			TOTAL DEP.					
TOTAL CLAIMS		20				TOTAL CLAIMS					